


ORIGINAL

## FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  General Services Administration		2. Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Approval No. <b>0348-0039</b>	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) State of Tennessee Division of Elections 312 8th Avenue North, William R. Snodgrass Tower, 9th Floor Nashville, Tennessee 37243					
4. Employer Identification Number  62-6001445	5. Recipient Account Number or Identifying Number  86130501		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) April 23, 2003		To: (Month, Day, Year) open		9. Period Covered by this Report From: (Month, Day, Year) April 23, 2003 To: (Month, Day, Year) December 31, 2003	
10. Transactions			I Previously Reported	II This Period	III Cumulative
a. Total outlays				\$29,660.09	\$29,660.09
b. Recipient share of outlays				-0-	-0-
c. Federal share of outlays				\$29,660.09	\$29,660.09
d. Total unliquidated obligations					-0-
e. Recipient share of unliquidated obligations					-0-
f. Federal share of unliquidated obligations					-0-
g. Total Federal share (Sum of lines c and f)					\$29,660.09
h. Total Federal funds authorized for this funding period					\$6,004,507
i. Unobligated balance of Federal funds (Line h minus line g)					\$5,974,846.91
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.  Title I, Section 101 of the Help America Vote Act					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title  Mark L. Wood, Fiscal Director			Telephone (Area code, number and extension)  (615) 741-2683		
Signature of Authorized Certifying Official 			Date Report Submitted  1/20/2004		